Letters to the Journal

Letters are welcomed and will be published as space permits. Like other material submitted for publication, they should be typewritten, double-spaced, should be of reasonable length and will be subject to the usual editing. The accuracy of statements of fact contained in these letters is the responsibility of the correspondent.

Views expressed in Letters to the Journal are those of the writers concerned and are NOT to be interpreted as the opinions of The Canadian Medical Association or of the editors.

SKELETAL FIXATION FOR THE CROSS-LEG PEDICLE GRAFT

To the Editor:

In three recent cases I have used external skeletal fixation for control of the legs in performing a cross-leg flap operation. The technique made the operation so remarkably simple that I submit the idea for the consideration of your readers.

Fixation of the lower limb after performance of a cross-leg pedicle skin flap presents several difficulties:

1. The operation is difficult because placement of sutures is often awkward and moving the patient without disturbing the relationship of the two limbs is precarious.
2. After completion of the operation the application of a plaster cast without causing damage or tension to the flap is similarly difficult.
3. It is difficult to be certain that immobilization in the plaster cast is sufficiently good to prevent the development of tension on the flap during the subsequent three weeks.
4. Ventilation of the wound is often unsatisfactory, leading to the collection of exudates with maceration and a certain amount of low-grade infection of the wound.
5. The bulky plaster, though not actually uncomfortable, is a considerable inconvenience to the patient.

External skeletal fixation overcomes these difficulties as follows:

1. After the preparation of the flap and the recipient area, the legs can be positioned, the pins inserted, and the scaffolding connected so the legs are held in a correct relationship before suturing of the flap is performed. The patient can be turned freely from side to side without any fear of disturbing the position of the legs or causing tension on the skin flap.
2. At the end of the operation there is no cast to be applied.
3. Immobilization remains rigid and under constant inspection during the three weeks following the operation.
4. There is no interference with ventilation of the wound, which need only be covered with a light gauze or left completely exposed.
5. The limbs can be suspended by means of a cord attached to the scaffolding connecting it to a beam over the patient's head.

The photograph is self-explanatory. Four threaded Steinmann pins have been inserted into well-fitting drill holes made in both cortices of the tibia through a puncture wound in the skin. The pins are connected by ⅜-in. steel rods attached by universal clamps such as were used in the Roger-Anderson method of fracture treatment. Triangulation is achieved by fixing each pin to the two pins on the opposite leg. Movement between the two tibae is completely prohibited apart from any bending of the materials. At the time of separation of the flap the scaffolding is easily removed after division of the pedicle and the pins are withdrawn. No sutures are necessary for the small stab wounds which heal as rapidly as the main operation sites.

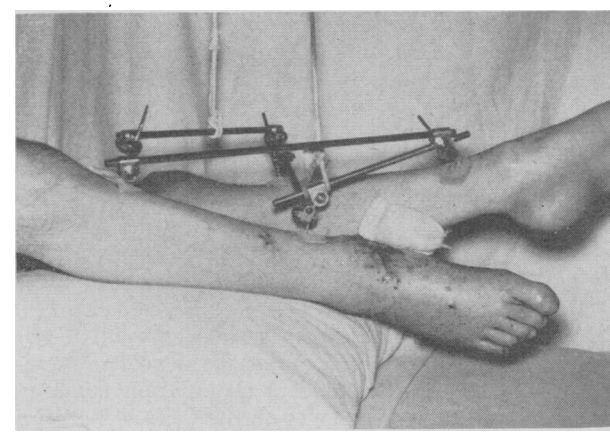

Fig. 1

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DERMATITIS MEDICAMENTOSA CAUSED BY DIETHYL BROMACETYL CARBAMIDE (CARBROMAL)

To the Editor:

It has been drawn to our attention by the Research and Medical Division of Miles Laboratories of England that diethyl bromacetyl carbamide (Carbromal) is no longer obtainable without prescription in the United Kingdom. The Inter-Departmental Committee on Drug Addiction issued a preliminary report on this drug on November 23, 1959, and recommended that free sale of Carbromal and Bromvaletone should cease. The appropriate legislative action was taken by the Home Secretary early in 1960. The impression that Carbromal is freely available in England, which was conveyed in the discussion of our paper on this subject (*Canad. Med. Ass. J.*, 88: 1117, 1963), was, we regret to say, incorrect.

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